In cases with a coexisting urethritis, massage is followed by irrigation of the total urethra with a nitrate of silver solution 1-600 to 1-500. Whenever a urethritis is present with infiltrated areas in the canal, massage is followed by dilatation of the urethra; in the beginning with steel sounds and later with Kollmann's dilators with rubber coat. The whole urethra is afterwards either irrigated or to circumscribed infiltrated areas of the posterior urethra instillations of nitrate of silver are made, one-half to 6 per cent. Lately I have used for most obstinate cases Koilmann's irrigation dilators and am more satisfied with my results. In spite of what is claimed for the efficacy of new silver salts I have had the best success with nitrate of silver.

In acute and subacute forms of prostatitis I can advocate local applications of hot water through Artzberger's instrument; for chronic forms with nervous manifestations the double-channeled instrument should be used that permits the application of hot and cold water and its repeated change at the same sitting. Suppositories containing an astringent (ichthyol) or a resorbent (iodid of potash) drug are generally quickly absorbed by the rectum and in my experience without value; medicated clysmas for the same purpose are not borne well by the patient, but deserve to be tried in tenacious cases.

For local application of electricity, I use an electrode as indicated by Vertuhn, which represents a slight modification of an ordinary button electrode. The other padded electrode is placed upon the perineum. I generally apply mild faradization and never longer than two to five minutes.

Most important is the general roborative and especially the psychical treatment of neurasthenic symptoms. Here the physician's tact and experience have to decide whether a local treatment will be beneficial or harmful to the patient, who, in his nervous, or rather hypochondrical state, is prone to overestimate the pathological importance of slight local symptoms, as for instance, the appearance of a morning drop. Many patients have been converted into confirmed sexual neurasthenics by local overtreatment, while on the other hand, a careful local treatment and removal of slight symptoms may have an excellent influence on the patient's general nervous system.

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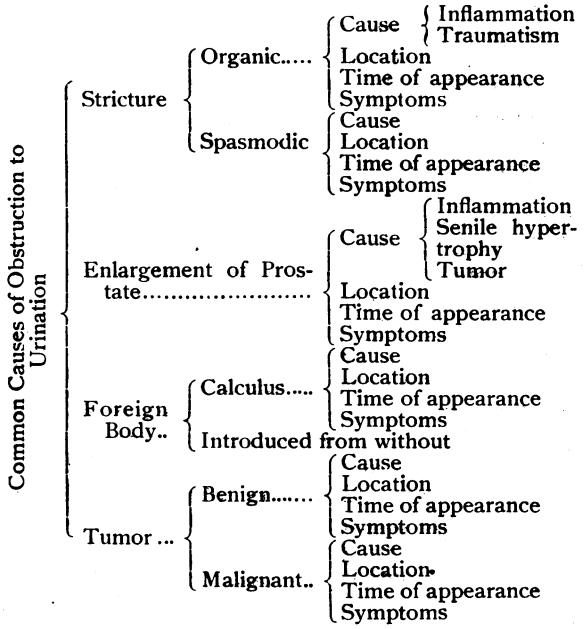
Dr. C. A. Poage, secretary of the Mendocino County Medical Society, has moved from Hopland and has located at Colusa.

CONTRACTURE OF THE VESICAL NECK*

By R. L. RIGDON, M. D., Chief of Genito-Urinary Clinic, Cooper Medical College.

THE regular and proper performance of the urinary act is so important to the well-being of the individual that any interference with it at once demands attention. There are many causes operating to bring about urinary disturbance, but in this paper we consider but one, that of obstruction, and this question is itself restricted to very narrow limits. Obstruction may exist at any point within the urethra, or may be situated within the bladder at the internal meatus. The accompanying diagram gives the more common forms:



This classification, while by no means complete, serves as a working basis for clinical purposes, and most cases can be assigned to one or the other heading. It was the working scheme adopted by the writer in investigating appropriate cases, and for a time was fairly satisfactory. Gradually it became more and more difficult to make all cases accord with this scheme because of seeming contradictions in history, symptoms and findings. A young man who denied venereal history or injury would present himself with symptoms of urinary disorder, and upon examination the membranous and spongy urethra would be found free from stricture. Some obstruction might be felt in the prostatic urethra, but rectal examination would show the prostate not enlarged, and besides, the man's age precluded hypertrophy. Clearly this case could not be grouped in the foregoing classification. Another patient would be a man of middle age whose symptoms pointed to bladder stone. Interruption of the stream would be marked and terminal pain felt beneath the glans

* Read at the Thirty-third Annual Meeting of the State Society, Santa Barbara, April 21-23, 1903.

penis and at the bladder neck. Careful examination would fail to reveal the presence of a calculus nor could stricture of the urethra be made out. A full-sized bulb would meet with some obstruction at the bladder neck, but a large steel sound would pass with ease. No rectal evidence of prostatic hypertrophy could be found and the cystoscopic examination would be negative. Again would we find difficulty in classifying this case. Another patient would complain of frequent urination both by day and night, and careful investigation would fail to reveal any adequate cause. To this symptom might be added various neuralgic phenomena in related organs, such as pain felt about the rectum or radiating down the thigh, etc. As such irregular cases accumulated, it became more and more apparent there was some general cause operating to produce urinary disturbance which by the writer was not fully appreciated.

A number of years ago I adopted the method of perineal drainage in dealing with stricture within the bulbous urethra, and thus had rather frequent opportunity to make digital exploration of the deep urethra. In a number of instances it was noted that the finger met with decided resistance in its advance toward the bladder, and this, too, when the prostate was normal in size. There appeared to be a contracture of the urethra at the bladder neck, sometimes well defined, sometimes not so pronounced. As experience increased it became certain that this contracture was a positive entity and not the delusion of an uneducated finger, and a little further observation led me to the conclusion that I had now found the anatomical cause for the irregular urinary symptoms in some of my patients. Occasionally articles would appear in the journals indicating that other surgeons were meeting similar conditions. Eugene Fuller of New York reported a number of cases and referred to investigations and reports of French surgeons of a generation ago. His report was followed by others, until now this unclassified group is becoming well recognized. So far as I know, this subject up to the present time has not been discussed by this society.

No better name for the condition has been suggested than that of "Contracture of the vesical neck," which was the designation adopted by the early French writers. The histological changes have not been fully worked out, since so few opportunities for post mortem investigation are presented. It is evident there is a development of organic elements about the bladder neck to which, under some circumstances, may be added muscular spasm. Chetwood in a recent article speaks of it as a fibroid infiltration of the glandular and muscular tissues surrounding the bladder neck, while Fuller characterizes it as a chronic contracture of the prostatic fibers encircling the vesical orifice, permanent, rigid and unrelaxable under an anesthetic.

Cause. The cause seems to be chronic congestion of the prostate. Inasmuch as congestion may be brought about in many ways, it follows that this condition of fibroid contraction may be found in individuals with widely differing histories. In one there may be a history of overindulgence in sexual pleasures either natural or unnatural, while in another the sexual passion has been as rigidly controlled as possible. One patient will give a history of alcoholic indulgence and another of abstinence, but in all there will be found some cause operating to produce chronic prostatic congestion.

Symptoms. In my experience the prominent symptom is frequency of urination, both diurnal and nocturnal, and with this is usually associated pain slight or severe. The pain is terminal in character and if the stream is interrupted, which sometimes occurs, the symptom complex or vesical calculus is closely simulated. If the frequency of urination is great, congestion of the bladder results and perhaps infection may follow, in which event the symptoms of cystitis will be present.

Treatment. The treatment is both general and local. Sexual hygiene must be enforced, the urine must be rendered and maintained unirritating, and measures must be adopted to relieve the prostatic congestion and hyperesthesia. Hepatic stimulants may be needed, the bowels must be regulated when necessary. Rectal douches and massage of the prostate are useful, and instillation of nitrate of silver or other solutions into the prostatic urethra may be tried. When the condition is well advanced, operative measures must be resorted to. Overstretching of the prostatic urethra by means of appropriate dilators can be tried, but gives only temporary relief. Division of the contraction, radical and thorough, is undoubtedly best. Up to the present time I have used the knife in making this division, but since reading the article by Chetwood dealing with this subject, I am of the opinion that the best results will be obtained by dividing the offending fibers by means of a modified Bottini instrument introduced through a perineal opening. The following illustrative cases are reported:

Mr. G, Age 40, single, occupation carpenter. Denies venereal history. Was a steady drinker, but not to excess. Perfectly well until September, 1901, when he became much overheated while trying to extinguish a fire. Was suddenly seized with pains in back and after a few days urinary disturbance came on. Desire to urinate was very frequent and the act was attended with considerable pain. At first there was no trouble in starting the stream, but later it would sometimes start with difficulty and the stream was interrupted. He had never passed a stone or gravel, but occasionally some blood would show in the urine. His bladder was irrigated for a time with some relief, but after a few weeks the symptoms regained their

former intensity. He consulted me in November, 1902. At that time he was considerably emaciated, his general appearance being that of a man in great suffering. He was urinating every few minutes and at each act suffered severe pain, which was referred to the under surface of the glans penis. The stream was interrupted. His suffering was so pronounced that he had been taking large doses of morphin in an effort to obtain relief. At the examination his urethra was exquisitely sensitive and a general anesthetic had to be employed. Normal caliber of urethra was 35 F, meatus 25 F, which entered to vesical neck. Number 20 F, steel sound, was passed into the bladder with some difficulty. No vesical calculus could be felt with the stone searcher, but upon introducing the instrument the sensation of a prostatic stone was imparted to the hand. The prostate was not enlarged. Urine contained much pus, some blood and albumen. No kidney elements could be found. Diagnosis: Probable prostatic calculus. Operation advised.

The usual perineal incision was made and the prostate carefully explored. No calculus could be felt nor any deposit of salts within the canal. No bladder stone. The prostatic urethra immediately adjoining the bladder, in other words, the vesical neck, was found narrowed to the size of a Number 20 F. With a bistury this was incised on the floor of the canal until no obstruction remained. The bladder was washed out and perineal drainage established through a large rubber tube. The presence of the tube caused so much distress that it had to be removed at the end of twenty-four hours. All pain then ceased and the patient progressed to an uneventful recovery. Steel sounds were introduced at intervals until the man returned to his home about the middle of December. His frequent urination had ceased and the pain had disappeared. I heard from him several months later and he was then well.

H. M., single, age 39. Denies venereal history. Perfectly well until November, 1901. Then noticed frequent desire to urinate accompanied with pain. The onset was sudden. Soon the stream was diminished in size and force and there was hesitation in starting. He began the use of the catheter during the winter and irrigated the bladder, but without relief. The introduction of steel sounds was tried with negative results. He had never passed blood or gravel. He continued in much the same condition until July, 1902, when he consulted me. At that time he was urinating every hour and the act was accomplished only after much straining. Normal caliber 35 F, meatus 30; (entered the prostatic urethra, but there was stopped). Number 25 passed into the bladder. A soft rubber catheter could not be introduced, but with a silver catheter about twelve ounces of urine was withdrawn. The prostate per rectum was smooth, not enlarged, not sensitive. Seminal vesicles were perhaps slightly thickened. Examination of the urine showed much pus, slight albumen, few blood cells, no casts or other kidney elements. Cystoscopic examination was not made at this time. Diagnosis: Intravesical growth occluding the urethral orifice. Operation was recommended.

The usual median perineal incision was made into the membranous urethra. Exploration of the prostate revealed a marked and rigid contraction of the bladder neck, which was relieved by liberal incision. No stone or vesical tumor was present. Perineal drainage was established and the usual after treatment of perineal cases was followed. The wound healed slowly, a small fistula remaining for several months, but this eventually closed. The frequency of urination was much diminished, the patient having to arise once at night, and the pain was entirely relieved. A peculiarity in this case was the condition of the musculature of the bladder. Almost complete paresis had followed the repeated overdistensions and in spite of the fact that the obstruction had been removed, the use of a catheter was necessary to empty the bladder. The bladder has gradually regained power until at the present time the larger portion of the urine can be passed voluntarily. When necessary to use it, the rubber catheter can be introduced without difficulty.

January, 1902. A. J., age 45, single. Denies venereal history. Eight years ago began having frequent and painful urination, which has continued to the present time. Cause unknown. Arises once or twice at night. Chief symptom is a burning, heavy pain, or as the patient describes it, a great distress about the neck of the bladder. The pain radiates to the rectum and is sometimes felt about the thighs. Not fully relieved by urination. The pain, while not constant, is present the greater part of the time. He has been subjected to various forms of treatment, injections, sounds, bladder washing, etc. When he consulted me I was in doubt as to the nature of the trouble. The urethra seemed normal in size and the endoscope showed nothing abnormal. The bladder examinations were negative. The prostate was smooth, not enlarged and not unduly sensitive. Urine normal in action, no albumen, no sugar, no kidney elements. Diagnosis: "Neuralgia of prostate and hypochondria". He was treated for several months without benefit and finally as a last resort drainage of the bladder was proposed, to which the patient consented, rather to my surprise. A median perineal incision was made into the membranous urethra. A decided contracting band was found in the prostatic urethra, which was overstretched by means of wide-bladed forceps. A careful exploration of the bladder showed this viscus normal. Perineal drainage was maintained for a few days, and then the wound was permitted to heal. All distressing urinary symptoms disappeared and the patient felt that he was well. However, after a few months the old pain began to return and soon was almost as distressing as before the operation. This return I attribute to the fact that I did not completely divide the obstruction at the time of the operation.

GASTRIC ULCER.*

By E. C. DUNN, M. D.

IN presenting this subject for your consideration tonight, it is not with the hope of promulgating anything new as to diagnosis or treatment, but rather with the thought that gastric ulcer is much more frequent than recognized, and therefore is probably more often overlooked than any other affection.

I find in an excerpt from an article on this subject presented to the American Medical Association the following statement: "Five per cent. of all hospital cases suffer from this disease. In ordinary life gastric ulcer may not be so frequent, but there is no doubt that many apparently healthy persons or sufferers from obscure stomach symptoms are really carrying around latent gastric ulcer."

If this statement is true it will certainly not be amiss for us to spend this evening in the consideration and discussion of so important a subject. That gastric ulcer is one of those diseases which have been well thrashed over in medicine,

* Read before the Fresno County Medical Society.